**PCA/CNA Employment Application**

*An Equal Opportunity Employer*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Cell Phone (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied For: PCA \_\_\_\_\_ CNA \_\_\_\_\_ Drivers License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have current CPR registration? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person we may contact in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone

Date available for employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check shifts willing to work:

 \_\_\_\_\_ 7 a.m. - 3 p.m. \_\_\_\_\_3 p.m. - 11 p.m. \_\_\_\_\_ 11p.m. - 7 a.m.

Days available for work assignments: Sun M Tu W Th F Sat

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name and Location** | **Major** | **Dates Atended** | **Graduated** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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**Employment Experience**  Please list job history starting with your current or most recent position, going back 5 years. If your references are incomplete (not listing phone numbers, position, etc.) your application will be discarded.

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

Supervisor’s name and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Day \_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary \_\_\_\_\_\_\_\_\_\_\_\_ Leaving Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we contact the employer listed above?**  \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

Supervisor’s name and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Day \_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary \_\_\_\_\_\_\_\_\_\_\_\_ Leaving Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Salary\_\_\_\_\_\_\_\_\_\_

Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we contact the employer listed above?**  \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

Supervisor’s name and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Day \_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary \_\_\_\_\_\_\_\_\_\_\_\_ Leaving Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Salary\_\_\_\_\_\_\_\_\_\_

Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we contact the employer listed above?**  \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proficiency Skills Checklist**

Please check the appropriate boxes to describe your experience level with each skill listed below.

**Key To Competency Levels**

0 - No Experience

1 - Minimal experience, need review and supervision, have performed at least once

2 – Comfortable performing with resource available

3 – Competent to perform independently and safely

4 – Expert, able to act as resource to others

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Infection Control** | **0** | **1** | **2** | **3** | **4** |
| **Proper Use of Infection Control/Protection Methods:** |
| Gloves |  |  |  |  |  |
| Gown |  |  |  |  |  |
| Mask / Goggles |  |  |  |  |  |
| Isolation technique (protecting yourself and/ or the client using protective clothing, gloves and/or mask when the client has an infectious disease that can be passed on, or to protect the client when their immune system is low) |  |  |  |  |  |
| Hand Washing |  |  |  |  |  |
| Infectious/Hazardous Waste Disposal (what to do with items soiled with body fluids or disposal of hazardous waste |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety and Activity** | **0** | **1** | **2** | **3** | **4** |
| Identifying Safety Hazards (e.g., Loose rugs, clutter) |  |  |  |  |  |
| Determining Need for Additional Help |  |  |  |  |  |
| Recognizing Abuse: Substance, Physical, Emotional, etc. |  |  |  |  |  |
| Maintaining Clean, Orderly Work Area |  |  |  |  |  |
| Proper Body Mechanics (using proper posture and technique when providing cares and during transfers |  |  |  |  |  |
| Transferring to Bed, WC Commode, ETC |  |  |  |  |  |
| Ambulating With or Without (walker, cane, wheelchair) |  |  |  |  |  |
| Use of wheelchair locks |  |  |  |  |  |
| Use of Transfer Belt |  |  |  |  |  |
| Responding to Safety Hazards |  |  |  |  |  |

I agree to allow Moore2Living Home care to contact previous employers and professional references.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Initials

 I agree to allow Moore2Living Home care to perform necessary background screenings applicable to my employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Initials

**I certify that the above information is true and complete to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant’s Signature Date**